

# Little Traverse Bay Bands of Odawa Indians Child Care Assistance Program

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## CHILD CARE ASSISTANCE PROGRAM OVERVIEW

### I. PURPOSE

The sole purpose of this program is to assist eligible parents with child care expenses so they can begin/continue in an approved educational plan or in productive employment or employment training.

### II. GENERAL REQUIREMENTS

1. Applicant and Provider must reside within Emmet, Charlevoix and Cheboygan Counties.
2. Applicant or applicant's child must be a member, or eligible for membership of a federally recognized tribe or a member of a Michigan Historic tribe. *(Copy of Tribal ID's or Membership cards required at time of application)*
3. Children must be biological or foster children and be 12 years old or younger. *(Foster Parents must include a copy of Court Order Placement at time of application)*
4. Parent must be employed or enrolled in a job training or education program. *(Require copies of 1 month's earnings; official class schedule; and grant and scholarship award letters)*

### III. INCOME ELIGIBILITY & PAYMENT ASSISTANCE

Eligibility criteria is based on a Family's monthly net income and shall not exceed the maximum allowed income for individual family size. The percentage paid by the Tribe shall be determined by eligible household net income. Net income does include voluntary payroll deductions such as 401K, Loan Payments, etc.

### IV. SELECTION OF DAY-CARE PROVIDERS

1. The applicant shall select the Provider(s) needed for day care assistance. More than one (1) Provider may be used, however, Provider selected must be at a minimum, 18 years of age.
2. Selected Day Care Centers and Family/Group Home Providers must be licensed by the State of Michigan. A copy of Provider's current License is required at time of application. *(A copy of all renewed licenses must be submitted within 10 days of re-issuance).*
3. All providers must sign the **Provider Statement of Agreement**, complete a W-9 Form *(Required at time of application)* and must be in agreement to 2 annual random home visits by personnel from the Human Services Department.
4. Applicant MUST complete and submit a **CHANGE OR ADDITION FORM** for all changes made to the initially approved application *(i.e. Provider change and/or addition or deletion of eligible children)*. Parent's bear the responsibility of payment for services rendered by an unapproved Provider.

### V. DAY CARE RATES, TIME SHEETS & PAYMENT SCHEDULES

AGE	Day Care Centers		Family/Group Home		Relative Care	
	Char/Em	Cheboygan	Char/Em	Cheboygan	Char/Em	Cheboygan
Newborn to 2 ½ yrs	\$2.85	\$2.50	\$2.00	\$2.00	\$1.88	\$1.88
2 ½ years to 12	\$2.25	\$2.00	\$2.00	\$2.00	\$1.88	\$1.88

1. Both the Parent/Guardian and Provider are responsible for accurately documenting hours on timesheets.
2. The Parent shall be the responsible party for insuring that time sheets are submitted in required time frames.
3. Checks will be made payable to provider only and shall be mailed directly to the Provider.

ANY FALSE INFORMATION OR MISREPRESENTATION IS CONSIDERED FRAUD AND IS SUBJECT TO PROSECUTION AND IMMEDIATE TERMINATION FROM THE CHILD CARE ASSISTANCE PROGRAM